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## CLINICS.

## CLINICAL LECTURE.

*Clinical Lecture on the Varieties of Pneumonia.* By EDWARD H. SIEVEKING, M. D., Physician to St. Mary's Hospital, Physician in Ordinary to Prince of Wales.

**GENTLEMEN:** We have recently had the opportunity of watching together several cases of pneumonia, or inflammation of the lung-tissue; and it cannot but have struck the most superficial observer that, although in each there were certain signs which bore a close resemblance to one another, the cases differed much in their general aspect, and in the course they ran. You have seen the treatment to be *nil* in one case as regards medicinal interference; in another, venesection was employed; in a third, saline or alkaline treatment predominated; or, again, perhaps it was thought necessary to let a supporting and strengthening system prevail.

In visiting the patients, I have briefly expressed my views and reasons; but it may be well, and of practical utility, to review the subject, as it is one involving the general theory of medicine and the greater or less value of treatment of disease at large, and the prolongation of life.

What I wish to inculcate is this; that, in the treatment of a morbid condition, you are not to be guided by a name; you are not to believe in specifics, or to assume that, because a certain set of signs resemble one another in different patients, therefore, the condition which produces those signs or symptoms is based upon the same fundamental derangement to which it must be referred. You would not think well of a watchmaker who attributed all irregularities to which watches are subject to bad tempering of the mainspring, and therefore, to rectify the irregularity, at once insisted upon renewing the mainspring. You would ex-

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pect him to take the watch to pieces, and to ascertain whether the escapement was well balanced, the different pins and pivots in their place, the cogs of the different wheels uninjured, or whether oil and dust had accumulated in one part or other of the machinery. His proceedings to remedy this irregularity would depend upon the result of this inquiry, and vary accordingly. The empirical practitioner of medicine resembles the ignorant watchmaker; he adopts his remedies without carefully analyzing all the elements that go to make up disease, and is satisfied with a foregone conclusion, determined often by very imperfect data. The careful and scientific practitioner imitates the clever watchmaker, as far as it is possible. He cannot, indeed, take the human machinery to pieces; but he can, by means of his physiological and pathological knowledge, lay open a great many concealed processes, and analyze them or the derangements to which they have become liable. By examining the previous personal and family history of the patient, he is able to determine the existence of any latent tendencies or idiosyncrasies; by analyzing the subjective and objective phenomena of the disease, and by comparing them with those manifested in other patients similarly affected, he eliminates that which is essential from that which is non-essential; and thus, instead of following routine in treatment, which is but a vague and uncertain guide, he arrives at a scientific conclusion as to the measures to be adopted upon a general review of all the constituent parts of the frame. This doctrine is not a new one, but it is often lost sight of; and, as a single symptom has frequently been erected into a nosological entity, so a mere name has in several schools served as a guide to an uniform method of treatment, ill adapted to the various conditions which that name was made to embrace. Of pneumonia it may be said, almost more than of any other pathological process, that it is not an unity. There is a certain resemblance between all cases of pneumonia, in the physical signs they present. Auscultation and percussion, from attracting too exclusive attention, have served to obscure vital conditions which ought never to be overlooked if our treatment is to be thoroughly rational. Cases of pneumonia differ widely from one another, not only in the extent of tissue affected and the duration of the disease, but they are wide apart in

character, in origin, in course, in significance, treatment, and result. There are numerous diseases which occupy a different position. We are justified, in regard to zymotic diseases, in assuming an uniform morbid cause. In scarlet fever, in typhoid, in typhus, in cholera, in measles, we see variations in the symptoms; but the phenomena are essentially uniform in character, though not in degree. Pathologically and nosologically, they present a type that separates them from all other diseases, and establishes them as distinct entities. They each depend upon the presence of a peculiar poison; and it is perfectly conceivable that the advance of biochemical inquiries may eventuate in the discovery of an antidote or specific for each poison. Pneumonia, as such, cannot enjoy this privilege, because it varies in type, indicating very different poisons or morbid influences as capable of inducing analogous symptoms, and exciting derangements that closely resemble one another, but cannot be successfully treated by the same methods, because these must be determined by the varying fundamental conditions from which they take root. I am not now developing a history of pneumonia, and therefore guard myself against the supposition of being engaged in an inquiry into the difficult question of varying types of disease at different ages of man; but I do not hesitate to maintain that, at one and the same time, we meet with cases of pneumonia that differ very materially in type, and therefore demand very varying treatment. I hope to give satisfactory evidence of the proposition before the conclusion of the lecture; but I may be permitted even now to appeal to all who have paid any attention to climatology, as to whether or not, at the same time, the type of disease generally does not differ very materially according as the climate is of a dry and warm or wet and warm character; as to whether the atmosphere is still or windy; as to whether the alterations of temperature and moisture are great and sudden, or the reverse. This, however, by the way.

Before I offer you a few illustrations of my statements regarding different types of pneumonia as they are constantly occurring under our observation, let us briefly group together the phenomena which are ordinarily regarded as constituting pneumonia, and which with greater or less uniformity and intensity meet us, however the pathological

process may have been induced. As ordinarily understood, pneumonia is a disease exhibiting the following complex of symptoms. There are febrile excitement, indicating a general change in the metamorphosis of the tissues; a dry skin; elevated temperature; accelerated pulse; a moist furrowed tongue; and rigors. It is plain that, whatever the local affection may be, the entire system manifests a sympathetic disturbance. Then, specially referable to the thorax, we observe such symptoms as cough; quick short breathing; expectoration varying in character according to the stage of the disorder; and local disagreeable sensations, scarcely amounting to pain, but sufficient to draw the patient's attention to the seat of the malady. The physical signs are, more or less extensive and marked dulness, commencing at the bases of the lungs, and extending upwards; increase of vocal fremitus and resonance; deficient respiratory murmur; crepitation; tubular or bronchial breathing and large mucous crepitus, with diminished expansion of the thoracic walls. When we find a certain number of these signs associated in the same individual, we pronounce him to be suffering under one of the stages of pneumonia through which the process usually passes.

You have watched with me the cases to which I am about to refer; and you will bear me out that I have invited you, whenever we have visited the patients together, to verify for yourselves the presence of the symptoms I have briefly recapitulated.

The first illustrative case that I wish to remind you of is that of Henry Lee, aged 26, a well-built, robust porter, working at the Great Western Railway, who was admitted on May 24th, 1867, into the Albert Ward. He had been in good health until five days previously, when he had an attack of rigors, accompanied by sickness and purging. He had had no illness for seven or eight years before this seizure. There was pain at the lower part of the thorax on each side, causing a catching when he drew his breath; and he could not speak with ease, on account of the dyspnoea. There was, on admission, no dulness or crepitation in front; nor was there crepitus at the dorsum; but there was well-marked dulness over the lower half of the dorsal aspect of the right lung, with bronchial *sonoff*. According to my usual plan, where the symptoms are not sufficiently urgent to demand imme-

diate interference, I merely ordered him to bed, and put him on low diet, waiting for the next day to obtain a clear view as to the tendency of the disease. There are many cases in which it would be wrong to lose any time; but, on the other hand, there are many which suffer from too active interference; and practically it is found, especially among the poorer classes, that the mere effect of rest, warmth, and properly regulated diet, materially alters the aspect of a case in twenty-four hours. By at once prescribing medicines, our conclusions as to their value are apt to be vitiated, as they are complicated by the powerful influence exerted by the changes just alluded to. In the case before us, nothing was lost as regards the progress of the patient. All pain was gone, but the dyspnoea continued. No crepitus was discovered; but the dulness, bronchial breathing, and bronchophony showed that there was well-marked pneumatic consolidation of the right lung, manifestly of an acute, but, as far as the accidents and present condition of the patient indicated, of an uncomplicated character. I saw no indication in the symptoms or in the tendency of the disease for active medication; and, believing that the natural powers of the individual would, when placed under the most favourable conditions as regards temperature, rest, and regimen, suffice to insure a satisfactory result, I merely ordered camphor mixture, to prevent the patient from thinking himself neglected. The effect was as favourable as could have been desired. The report on May 27th, three days after admission, says that he felt much better; had no pain, except in drawing long breath; and that coarse crepitus was to be heard at the right base. By May 31st, the breathing was very much improved; the bronchophony had disappeared; the patient expressed himself as being much relieved; and, with the exception of some slight crepitation, the local signs had nearly disappeared. There was some debility, on which account quinine was prescribed, and he was allowed ordinary diet. He continued to improve steadily, and on June 4th, was discharged perfectly well.

In recurring to this case, I am inclined to think that no medication could have accelerated the recovery. Certainly, anything approaching to heroic treatment by bleeding and blistering, purging, and tartrate of antimony, might have shown what

powerful weapons the physician was able to wield; but this *nimia diligentia* would have insured a protracted convalescence, and possibly have weakened the patient for life. It was a case of acute, simple, uncomplicated inflammation of the lung-tissue; which would have been a great triumph in the hands of a homeopathist, inasmuch as, in regard to medicine, a sugar-pill was less likely to interfere with the curative powers of nature than potent "treatment" of any kind *selon les règles de l'art*. But is such inactivity always to be recommended? I think not; and, by way of contrast, I will give you the summary of a different case, in which the symptoms appeared to justify venesection, which was promptly administered, and with what result you will immediately be able to determine.

Robert Hill, aged 22, a driver, was admitted November 13th, 1867. He had had rheumatic fever three years before, but had enjoyed good health since. He had caught cold on the 7th, a week previously to admission; but had gone on working till the day before, when he was compelled to remain in bed on account of the severity of his cough and dyspnoea. On admission, he complained of great *malaise*. There was intense dyspnoea, much short cough, a furred and dry tongue, hot skin, and a morbillar rash over the trunk. The air entered well over the front of the chest, and only occasional moist râles were heard there; but at the back there was dulness over both bases, with fine crepitant and tubular breathing over the lower right third. The pulse was 84, and soft; the respiration 56; and temperature  $101\frac{1}{2}$  deg. Fahr. The symptoms in his case were so urgent, the dyspnoea so great, and the man so evidently of plethoric habit, that the indication appeared absolute that means should at once be taken to relieve the pulmonary congestion and inflammation by the most direct method. Accordingly, I ordered a venesection to the amount of six ounces, together with acetate of ammonia mixture, containing one-twelfth of a grain of tartrate of antimony, to be taken every three hours. If our predecessors of the "bleeding" school met with many such results as we experienced in this case, it was no wonder that they regarded venesection as a sheet-anchor; for the disease was clearly "knocked down" by it. The patient expressed himself greatly relieved by the venesection on the

following day. His breathing was quiet, the skin cool and moist, but the face rather dusky. There was still dulness at the posterior bases, and there were occasional creaking râles. On the 15th, the respirations were 24; the pulse was reduced to 64; the temperature  $98\frac{1}{2}$  deg. Fahr. Except occasional sonorous râles at the bases behind, the lungs were restored to their normal condition. No relapse took place; and, a few days afterwards, he was discharged cured.

Here, too, we had to deal with a well-marked acute case of pneumonia, of a very sthenic character. It was in the first stage; and therefore it was pathologically intelligible that a venesection might, by relieving the congestion of the lungs, induce a speedy cure. The result justified the anticipation; and no ill effects were left by the proceeding, as the patient, after a short convalescence, entirely recovered his health. Here we had to deal with a complication with an exanthem which doubtless increased the febrile excitement and dyspnoea, but which was only an accidental coincidence. My belief is that, without active treatment adopted at the outset, the pneumonia would have persisted after the measles had disappeared, and a much more tedious and protracted pulmonary affection would have had to be dealt with than it now proved. Pneumonia is not, like bronchitis, an ordinary complication of measles. The poison of the latter expends itself upon the respiratory mucous membrane, and does not light up parenchymatous mischief. We are, therefore, justified in regarding the complication of the two diseases in the instance before us as a mere coincidence.

In the instance that I shall next bring before you, the pneumonia was associated with an inflammatory affection of a constitutional kind, which aided materially in the recognition of the intimate nature of the malady. The association in this case was not a mere coincidence, but the relation of the two conditions was that of cause and effect. The latent and pervading disorder was rheumatism; and the irritation of the rheumatic poison upon the pulmonary tissue gave rise to pneumonia, similarly as it caused inflammation of the wrist, as in other cases. It may induce ophthalmia, or meningitis, or a cardiac affection. The complication of pneumonia and rheumatic fever is not the most frequently met with; still the fact of our having two cases of an

exactly similar character in the wards at the same time shows that the indications to be derived as to diagnosis and treatment are well worthy of your attention. I shall not in this lecture recur to the second case; but you will remember that they lay opposite one to the other in the Victoria Ward. In the one under consideration, the pneumonia was the first disorder to attract attention; in the other, rheumatic inflammation of the large joints was the first prominent symptom, though speedily followed by genuine pneumonia of the left lung. We are all liable to fix certain prominent phenomena upon our minds as associated with disease, to the exclusion of others that may not occur with the same frequency, but are of the same importance as regards the individual case. So we all look for synovial or serous inflammations in rheumatism, but are apt to forget that the poison which induces them may well be held responsible for the production of inflammation in other structures. Moreover, if we possess any means of neutralizing the poison or vicious product that determines rheumatic inflammation, it is manifest that the recognition of the fundamental morbid condition upon which the pneumonia is based is of the utmost importance, because it would materially influence the treatment. An inflammation dependent upon a peculiar acid pervading the system would necessarily require to be combated by remedies aiding in the elimination or neutralization of the acid; while in another case—as, for instance, one dependent upon a *materia mortis* resulting from imperfect depuration of the *débris* of nitrogenous tissues accumulated in the blood, or one dependent upon mere asthenia—a very different method of medication would be demanded.

The chief points of the case are as follows. Ann Gregory, aged 15, of a very rheumatic family, the daughter of a painter, was admitted on the 29th of November, having been seized with a cold and pains all over the body a week previously, followed by some swelling of the lower extremities. On admission, there was great general *malaise*, but no swelling or inflammation of the joints. The pulse was 92; the tongue furred; the temperature 100.8 deg. Fahrenheit. She slept badly the first night, and was delirious. The day after admission, there was much dyspnoea, pain in the left hypochondrium, with marked

dulness below the fourth rib on the left side, and dulness at both bases posteriorly, more marked and extensive on the left than on the right side. No friction sound, but sonorous rhonchi. Pulse 120; respiration 60; temperature 100.2 deg. Fahr. She was ordered mist. ammon. acetatis, with small quantities of morphia. On December 1st, the rheumatism showed itself more distinctly in a severe inflammation of the right wrist-joint, with exacerbation of all the general symptoms. The pulse having risen to 144 and the temperature to 102.4 deg. Fahr., an alkaline lotion with laudanum was applied to the wrist, and imperial ordered as a drink. On the following day, leeches were applied to the left thorax with marked benefit, and a small quantity of antimony was added to the mixture, and from this time the case progressed favourably. The pulse ran down at once to 100, and the temperature sank to 100.2 deg. Fahr. A well-marked crop of patches of erythema marginatum appeared successively on the trunk and lower extremities, dying away in a few days. The breathing at first became more bronchial at the left base behind; then redux crepituation occurred; pulse, temperature, and rheumatic inflammation gradually subsided. By the second week in December, convalescence was perfectly established; her strength and healthy complexion returned; and on Dec. 23d, she left the hospital apparently quite cured both of the rheumatism and of pneumonia.

As in the last case the nature of the pneumonia was not rightly appreciated until its connection with the rheumatic poison became evident, so in the following the typhoid fever-poison gave the proper clue to the inflammatory affection of the lungs with which the patient was admitted; though it masked the former, which was not clearly established until five days after the man had been under observation.

John Little, aged 23, a labourer, was admitted on Nov. 7th, and discharged cured on Dec. 14th. He attributed his illness to working in a draught on Oct. 30th. There was much cough, hoarseness, and dyspnoea; skin hot and dry; temperature 102.2 deg. Fahr.; tongue dry and furred. Pain in the chest only on drawing a deep inspiration. Dulness on the right side below the nipples, with crepituation and sonorous râles; the breathing tubular as you approach the

base of the lung ; sonorous râles under the left clavicle. Ill defined crepitant and sonorous râles at the right back. The sputa soon became rusty, and were streaked with blood. The pulse 96, weak. Six leeches, with saline mixture containing one-twelfth of a grain of tartrate of antimony, followed by a blister, appeared to give temporary relief ; but on the 11th, typhoid symptoms set in ; the temperature rose to 39.5 deg. and 40 deg. cent., with the pulse 110 ; the tongue became brown, and there were sordes on the teeth ; there was much diarrhoea, and the patient complained of greater exhaustion and the cough becoming more troublesome ; the physical symptoms indicating, in addition to the pneumonia, diffused bronchitis. On November 13th, there were pain in the right iliac fossa ; typhoid (rose) spots over the abdomen ; great weakness and depression ; skin hot and dry ; temperature in the morning 39.5 deg. cent. (103.1 deg. Fahr.) The pulse, respirations, and temperature, at 3 P. M. on this day, are noted respectively at 104.40, and 104 $\frac{1}{2}$  deg. Fahr. ; the urine being rendered turbid by nitric acid, but cleared by heat. He was now ordered four ounces of brandy, in addition to the following mixture.

R Ammon. carb. gr. iij; tinct. camph. co. 3ss; decoct. cinch. 3j. Fiat haustus ter die sumendus.

Linseed-meal jackets were also applied. The bronchopneumonia continued to give great trouble both to doctor and patient ; but there could be no doubt as to the propriety of directing treatment rather against the typhoid fever than the complication. The tenderness of the abdomen and the diarrhoea subsided by the 16th, and the symptoms of fever, as to thirst, pulse, and temperature, also abated. It is unnecessary to give the daily reports of the case ; suffice it to say that on the 26th the pulse was 92 : the temperature 37 deg. cent. ; the respirations still being at the high number of 44 ; the consolidation of the right base was disappearing, and the bronchitic râles also were much reduced. The cough and expectoration gradually yielded ; the strength improved ; and on the 14th Dec. I was able to discharge him from the hospital.

In this case, the urgency of the symptoms necessitated, in the first instance, the application of leeches and the administration of tartrate of antimony. Probably the pa-

tient might have done equally well without them, had we foreseen the typhoid fever which was well marked. As it was, the lowering remedies were replaced by medicines acting differently on the system as soon as there was a suspicion of the presence of typhoid. This fundamental disorder further explained the obstinacy of the pulmonary symptoms, which appeared to benefit little by any of the remedies employed until the fever had run its course.

I shall have many opportunities of recurring to the principles I have laid down in this lecture, and of illustrating them by other instances. Let me now only ask you to bear in mind the fact demonstrated, I think clearly, by the foregoing cases, that pneumonia varies very much in its intimate nature, although presenting physical signs that closely resemble one another in the different cases ; and that, in order to treat pneumonia scientifically and with the greatest benefit to the patients, due regard must be had to these complications, and that there is no such thing as uniform or routine medication for the disease.—*British Med. Journ.*, Feb. 22, 1868.

#### HOSPITAL NOTES AND GLEANINGS.

*Treatment of Muscular Rheumatism at the London Hospitals.*—We have used the term Muscular Rheumatism because it is that which is commonly applied to the painful and often troublesome condition of which we desire to compare the treatment adopted by physicians who are accustomed to see large numbers of patients so affected. It seems to be often doubtful whether the disease, as commonly so described, is really connected with "rheumatism," which it resembles only in that it is attended by pain, and is often consequent upon exposure to cold and damp. But in these respects it is equally allied to neuralgia, and it would perhaps be more proper to class the condition under this head.

*St. Mary's Hospital.*—Dr. BROADBENT's treatment of the acute forms of muscular rheumatism is chiefly local. For "stiff neck" he prescribes a stimulant and opiate liniment ; turpentine and laudanum, and sometimes chloroform, added to the linimentum saponis. This is ordered to be rubbed in warm on the affected part with as firm pressure as the patient will bear, &c.

that the muscles may be kneaded as well as the skin reddened. A warm flannel is afterwards to be put round the neck.

In lumbago he applies a large sinapism across the loins, followed by hot linseed poultices or a succession of linseed poultices on the surface of which mustard is sprinkled. Turpentine stapes do equally well; but he finds that the poor do not manage them properly at their own homes. Rest is enjoined; but the patient is not ordered to remain in bed, the act of turning in bed putting a strain on the lumbar muscles, and causing much pain. If the bowels are confined, and there is any febrile action, a saline and alkaline aperient is given. In the later stages of an acute case, or in the more chronic forms, the emplastrum picis or emplastrum roborans replaces the poultices, and a flannel belt is recommended. Iron is also usually given internally.

Chronic pains in the loins and limbs, which, being seated in the muscular structures, and worse during or after exertion, are often called chronic muscular rheumatism, Dr. Broadbent has found to be due to various causes, and associated with various conditions of the system. Very commonly these pains are merely the expression of debility and overwork. But in washer-women, who in washing and hanging out clothes are exposed to moisture and to chills, the muscles of the arms and shoulders, and in gardeners and men who work in the streets, the muscles of the loins and lower extremities are sometimes the seat of chronic pain of a severe character, which may fairly be called rheumatic. An obstinate lumbago again is sometimes a result of lead-poisoning, and may be the only symptom attending it. The treatment varies accordingly. Cod-liver oil, iron, and tonics in debility, with a plaster to the loins, or a stimulating liniment to the limbs where debility seems to be the main cause; warm baths and shampooing, or Turkish baths, if the patient can procure them, flannel under-clothing, in addition to liniments, &c., when exposure to wet and cold has given rise to the rheumatism. Alkalies and iodide of potassium do not seem to be of much service. Cod-liver oil does good, and sometimes guaiacum has appeared to be useful. In the lumbago arising from lead-poisoning, iodide of potassium is given to carry the metal out of the tissues, and afterwards cod-liver oil and

iron, or the oil may be taken at the same time with the iodide.

Dr. Broadbent has in several cases known muscular rheumatism to be closely simulated by inflammation about the nerve-roots as they issue from the spinal column, and has obtained the best results from a blister applied along the region affected. These we propose giving more fully in a future report.

*Middlesex Hospital.*—Muscular rheumatism, in the ordinary acceptation of the word, is a term applied to at least two or three classes of cases. Their symptoms are alike, inasmuch as they consist of pain referred to the muscles; but their causes and treatment are quite distinct.

The first class has nothing whatever to do with rheumatism, though it still retains a name which implies the contrary. It is most commonly met with in persons, both old and young, suffering from general debility; but not necessarily with any constitutional tendency to rheumatism, or to the deposit of lithates in the urine, which, on the contrary, is often neutral and phosphatic. Its principal feature is the peculiarly aching character of the pain, which most commonly occurs in the muscles of the extremities and back, more especially those of the arm and shoulder, and is, in fact, a continuous and exaggerated form of the pain familiar to every one after unusual muscular effort. It is the result of an over-fatigued state of the muscles, as is indicated by the fact that rest and support to the aching limb invariably relieves the pain. Dr. ROBERT LIVEING finds that the only successful plan in treating this malady is the administration of tonics, of which iron and cod-liver oil are the most efficacious. Friction, with anodine liniments, such as the opium liniment combined with extract of belladonna, is also beneficial, and to this must be added rest and good food; while the treatment with alkalies and purgatives, which is often adopted, is worse than useless.

The second form of muscular pain commonly met with is really of rheumatic or gouty origin. It occurs in those who are more or less subject to rheumatism of the joints, who have had perhaps one or more acute attacks, and whose urine is acid and often loaded with lithates. Ordinary lumbago is a good example of this malady in one of its severer forms; but in milder

and more common cases it is nothing more than a sharp pain in the muscles, without much constitutional disturbance, though it is often premonitory of an attack of rheumatism. The best mode of treatment is to keep the part affected thoroughly warm, and the internal administration of bicarbonate and nitrate of potash and magnesian purgatives. In these cases local friction, with stimulating liniments, such as the camphor liniment, combined with chloroform, may be advantageously used.

Lastly, pains referred to the muscles of the trunk, especially those of the back, are often of a reflex kind, and similar to the well-known pain between the shoulders which is caused by gastric irritation, or the still more common lumbar pain from uterine disturbance. But though in these cases the seat of the mischief is in some other organ, requiring its own special treatment, yet it is remarkable that the local application of anodynes, as, for example, a good belladonna plaster, is almost invariably followed by relief to the sufferer.

*Charing-Cross Hospital.*—Cases of muscular rheumatism are very frequent among the labouring men who attend as outpatients at Charing-cross Hospital, especially those who have been much exposed to wet and cold. Dr. HEADLAND regards the treatment necessary as of two kinds, specific and palliative. The antidote to the rheumatic poison is potash; and Dr. Headland generally administers the bicarbonate in doses which are proportional to the severity of the case. In acute cases half a drachm is given every four hours; in chronic cases, unattended with fever, ten to fifteen grains three times a day will be sufficient. The latter dose may be continued for weeks or months, and is generally followed by an improvement or by a radical cure. Dr. Headland never gives iodide of potassium in rheumatism, except where there is a certainty or a suspicion of venereal taint. When rheumatic pains cannot be relieved by potash, it is generally because the nervous irritation has lasted so long that neuralgia or neurosis has taken the place of the inflammatory action first caused by the acid poison. In these instances, Dr. Headland has much faith in minute doses of belladonna or atropia.

Warm baths and vapour baths are often of use in muscular rheumatism. The *materies morbi* is got rid of in the acid

sweat. There are other modes of treatment applicable to particular cases. Thus, in lumbago, the warmth and support afforded by a tight flannel belt is of great service. In sciatica, which is often aggravated by the pressure of a loaded bowel on the nervous trunks in the pelvis, we may give purges of aloes, turpentine, or croton oil.

The palliative treatment is chiefly local. Simple friction, or a stimulating liniment, will do good in chronic cases of long standing. A liniment of opium or belladonna, or a plaster of either, may be used when the pain is aggravated by pressure.

As a last resource, repeated blistering over the part has proved successful in Dr. Headland's hands, when other treatment has failed. A grain of morphia, sprinkled over the raw surface, afforded relief in a recent case of extraordinary severity.

*King's College Hospital.*—In selecting a method of treatment for so-called muscular rheumatism, Dr. DUFFIN is guided by the following considerations—the duration of the muscular pain, its intensity, and the area it involves. Should the annoyance not date back beyond a week, be confined to a few muscles, and be of no great severity, he employs local counter-irritation in the form of sinapisms or the application of the turpentine liniment of the *Pharmacopœia*. The latter he advises to be used in the shape of a stimulating fomentation by stirring it into boiling water in the proportion of two ounces to the pint, and then applying flannels soaked in the hot mixture to the part affected. This application should be made before the patient goes to bed, and may with advantage be followed up by a linseed-meal poultice. Diaphoretics in the shape of Dover's powder, full doses of the solution of acetate of ammonia, &c., are simultaneously administered. Should the pain from the first assume a severe type, or its invasion be very sudden, dry-cupping has proved of great value, applied energetically, and followed, if need be, by stimulating embrocations. In a few cases of unusual severity, the subcutaneous injection of morphia has been found to answer, either where all forms of counter-irritation had failed, or where dry-cupping was inapplicable. When the complaint has already assumed a chronic form, Dr. Duffin advocates the use of blisters. These should produce their full vesicant effect to be of service, and may be repeated if necessary;

but he does not deem that any advantage is to be derived from keeping them open. In inveterate cases, iodide of potassium and guaiacum administered internally have rendered the most undoubted service; but if the pain be strictly localized, free counter-irritation should first be tried. Neither the alkalies, as the solution of potash and the carbonates of potash and soda, nor the nitrate of potash, seem to have yielded in Dr. Duffin's hands the good results that had been anticipated; but of the value of the iodide of potassium he is able to speak with some confidence. Dr. Duffin regards these pains as really arising in the fibrous envelopes and septa of the muscles; in so far, then, the term commonly applied to them would be a misnomer. That these pains are aggravated by muscular action, or may even be exclusively induced by this, does not afford sufficient proof that they originate in the muscular substance. He further remarks that the pain seems the only bar to freedom of movement; once that is alleviated the motility of the part directly returns. In treating these cases, the chronic aches of exhausted and anemic patients must be discriminated. These Dr. Duffin treats by the aid of ferruginous and other tonic preparations internally. He has also found great advantage from the local employment of belladonna, either in the shape of liniment, extract, or plaster.

*St. Thomas's Hospital.*—Cases of muscular rheumatism are very numerous amongst the out-patients of this hospital. A large proportion of them work either in the tanyards of Bermondsey or on the banks of the Thames, or in some damp and low-lying district. The affection is mostly chronic when application is made, but a too early return to work frequently induces an acute relapse. Dr. CLAPTON generally treats cases of acute lumbago with a mixture of sulphate of magnesia, carbonate of magnesia, and wine of colchicum, three times daily, and Dover's powder at bedtime. The patient is also directed to have the loins bathed with a sponge or flannel wrung out in very hot water; a piece of warm dry flannel being subsequently applied. In the more chronic stage, iodide of potassium, with perhaps potash and bark, internally, and belladonna plasters, are chiefly relied upon. For pleurodynia, a mixture of quinine and henbane is generally found more efficacious than colchicum, alkalies,

or iodides; but if there should be febrile disturbance, citrate of potash with henbane is given before the quinine. For external use, ammonia liniment or mustard plasters are ordered. In very chronic cases the guaiacum mixture has frequently been found quickly beneficial, but in the earlier stages it is apt to induce feverishness, and even an increase of pain. Other forms of muscular rheumatism are treated according to their severity and the constitutional condition of the patients.—*Lancet*, March 14, 1868.

#### DOMESTIC INTELLIGENCE.

*American Medical Association.*—The nineteenth annual meeting will be held in Washington, D. C., on Tuesday, May 5th, 1868, at 11 o'clock. Secretaries of medical organizations are requested to report to Dr. W. B. Atkinson, Permanent Secretary, S. W. corner of Broad and Pine Streets, Philadelphia.

*Jefferson Medical College.*—We learn that Dr. ROBLEY DUNGLISON has resigned the chair of Physiology and the Deanship of the Faculty in this School, positions which he has long filled with great credit to himself, the entire satisfaction of successive large classes, and to the eminent advantage of the Institution. We trust he may enjoy, in his retirement, improved health, ease, and the tranquillity and comfort to which his indefatigable industry and arduous labours justly entitle him.

*Medical School of Harvard University.*—At the annual commencement held on the 11th of March, the degree of M. D. was conferred on 48 candidates.

*Medical Department of the University of Nashville.*—At the annual commencement held on the 26th of Feb. last the degree of M. D. was conferred on 81 candidates.

*University of Maryland.*—Dr. F. Donaldson writes us that the number of matriculants in this medical school during the session 1867-8 was 172, and at the commencement held on the 5th of March, the degree of M. D. was conferred on 83 candidates.

*Missouri Medical College.*—At the annual commencement held on the 28th of Feb.

last the degree of M. D. was conferred on 26 candidates.

*Medical Department of the University of Vermont, at Burlington.*—Dr. EDWARD S. DUNSTER of New York has been appointed Professor of Obstetrics in this Institution.—*Med. Gaz.*, March 21st, 1868.

*University of Michigan.*—We copy with mortification rather than surprise the following announcement from the *Detroit Review of Med. and Pharm.*, April, 1868. Such a result might, however, have been foreseen as the natural consequence of intrusting the management of an educational institution to a political body composed, as such bodies usually are, of uneducated, prejudiced, and narrow-minded individuals.

“As our last sheet goes to press, we learn that the Board of Regents of the University have capped the climax of the folly of a foolish legislature, by establishing the Homœopathic Department, which was then authorized, as the condition for receiving the appropriation in aid of the institution. They have endeavoured to smooth over the odium which will attach to their act in the mind of all right thinking and far-seeing men, by locating the new branch at some other place than Ann Arbor, but the moral influence will be the same.”

*Substitute for the Ligature.*—Prof. N. R. SMITH, of Baltimore, has described (*N. York Med. Gaz.*) an instrument recently devised by him for this purpose, consisting of a small silver tube with a fine annealed iron wire passed double through the tube, and projecting a loop at one extremity, in which the artery is tightly seized.

Mr. RICHARD DAVY claims (*Brit. Med. Journ.*, March 28th), to have employed such an instrument since October, 1862; and Mr. J. H. AVELING in the same Journal, asserts that he employed the same apparatus in 1864, and demonstrated it to Sir J. Y. Simpson, April 20th, of that year. In corroboration of this, he quotes the following note from Sir James.

“I quite recollect our talk about the loops and tube. Dr. Wolfe and Dr. Taylor have published similar plans to Smith's. Dr. Smith cuts off the strangled end of the artery and leaves it in the wound—a dead septic morsel of flesh—and consequently

six such decomposing bits, if six vessels are tied.

“This appears to me to be retrograding.

Yours, J. Y. SIMPSON.”

Mr. DAWSON TAIT (same journal) says “the statement [made by Prof. Smith] that the action of a galvanic current will promote congelation of the blood is in opposition to the published results of the experiments of Gerhard, Hufeland, Scudamore, and Richardson.”

*Eye and Ear Hospitals.*—Under this caption, there is an editorial article in our respected contemporary, *The Medical Record* (April 15th, 1868), which professes to furnish a historical notice of the Institutions for the especial treatment of the Diseases of Eye and Ear, that have been established in this country. Curiously enough, what has been done in this respect in Philadelphia is entirely ignored. Doubtless this has arisen from our contemporary not having any information on the subject, and presuming he will be pleased to be enlightened in regard to it as a matter of some historical interest, we shall furnish a few facts.

The first “Eye and Ear Infirmary” established in this country was, as correctly stated in the Record, inaugurated by Dr. J. Kearny Rogers and Edward Delafield, in the city of New York, in 1820.

The second was established two years subsequently in Philadelphia, under the title of the “Pennsylvania Infirmary for Diseases of the Eye and Ear,” and was opened to patients on the 15th of February, 1822. The surgeons were Drs. Geo. B. Wood, Isaac Hays, Robert E. Griffith, and John Bell. After two years' service Dr. Wood resigned, and Dr. Wm. Darrach was appointed in his place. The Legislature of the State at the session of 1825-6, gave to the Institution corporate powers. Under this charter the Infirmary continued to dispense its charities until the opening of “Wills Hospital for the Blind and Lame” on the 3d of March, 1834. This latter institution being liberally endowed and designed to fulfil nearly the same charitable objects as the former, it was thought best to allow the one to supersede the other.

The first surgical staff of “Wills Hospital” consisted of Drs. Isaac Parrish, Isaac Hays, S. Littell, and Geo. Fox. This Hospital

is still open, and dispensing its benefits to a very large number of patients suffering from diseases of the eyes. As regards size, accommodations, advantageous situation, and pecuniary means, we think we are justified in saying that this Hospital is not, up to this day, second to any other ophthalmic hospital in this country. An interesting sketch of it drawn up by Dr. Littell, may be found in the *American Journal for the Medical Sciences* for Nov. 1833. Several dispensaries for the treatment of diseases of the Eye and Ear have subsequently been opened in Philadelphia, but our purpose being mainly to show that the second Infirmary for Diseases of the Eye, established in this country was in Philadelphia, and that very shortly after the one in New York, we shall not devote further space to the subject.

**OBITUARY RECORD.**—Died, suddenly on the 12th of March, aged 68 years, AUGUSTUS WILLARD, M.D., of Greene, Chenango Co., N. York.

#### FOREIGN INTELLIGENCE.

*Experiments to determine the Effects of Quinia in Disease.*—Dr. Binz communicates in a work<sup>1</sup> recently published the result of numerous experiments which throw a new light on some of the effects of quinia in disease. The salt used by him was not the sulphate, but the hydrochlorate of quinia, on account of the greater solubility and the neutral reaction of the latter. Some of the experiments Dr. Binz has performed in company with Dr. Herbat and Dr. Scharrenbroich, who are the authors of very interesting inaugural dissertations on the subject.

The first set of experiments relates to the action of quinia in preventing and arresting putrescence and fermentation. If to a drop of an infusion of hay containing animalcules in active movement  $\frac{1}{100}$  part of quinia is added, the animalcules immediately die; the addition of  $\frac{1}{500}$  part causes their death in a few minutes; and that of  $\frac{1}{5000}$  part still acts fatally within some hours. Morphia, strychnia, and creasote are in this respect much less powerful than quinia; and, amongst the non-caustic substances, the permanganate

of potash alone seems to be superior to it. The punctiform monads, however, were brought much less under the influence of the alkaloid than the larger animalcules.

In order to examine the influence on the development of the lowest organisms, he experimented with infusions of the flour of various leguminous seeds exposed to light and heat; and here, again, ascertained that quinia possesses greater power to prevent the development of mould (*Penicillium glaucum*) than any of the other alkaloids, strychnia being nearest to it. Quinia had also greater power in preventing the formation of the yeast sporules in infusions of bread and meat than either common salt, sulphate of zinc, or arseniate of potash; while corrosive sublimate, however, exercised a twice greater power. The result of these experiments is quite in accordance with Gieseler's observations that quinia exercises a more antiseptic influence on sloughing wounds than either creasote or chloride of lime; and Dr. Binz points, also, to the well-known use of quinia in some forms of digestive derangements. Some instructive experiments shows that the butyric-acid fermentation of milk and the vinous fermentation can likewise be postponed and checked by the addition of quinia, and it can scarcely be doubted that this is due to its poisonous action on the lowest organisms.

Although the presence of such organisms in the blood in zymotic diseases is not proved, yet the analogy between their phenomena and those of fermentation or zymosis is generally admitted, and the beneficial action of large doses of quinia in some of them is therefore of double interest.

Another series of the author's experiments is devoted to the antiphlogistic properties of quinia. The action of this substance on the lowest forms of protozoa, especially the *Vorticella campanula*, the *Actinophrys Eichhornii*, and the *Amaba diffusa*, led him to examine its influence on the peculiar amoeboid movements of the white blood-globules, when he found these movements almost instantaneously arrested by the addition of  $\frac{1}{100}$  to  $\frac{1}{50}$  part of quinia. Strychnia, veratris, atropia, and several other substances examined, are much less powerful; but conia exceeds quinia in this respect. The most practical experiments, however, relate to the influence of quinia on the inflammation of the mesentery of the frog,

<sup>1</sup> *Experimentelle Untersuchungen über das Wesen der Chininwirkung.* Von Dr. C. Binz, Bonn. Mit 1 Tafel. Berlin, 1868.

when exposed to the air, as in Cohnheim's experiment. The series of the phenomena seems to have been, in general, that the small vessels and capillaries were first dilated, that the white blood-globules increased in the external part of the stream, that the white globules were seen in active amoeboid motion, and that, at a still later period, they passed through the stoma of the walls of the vessels into the surrounding tissues of the mesentery, where as pus-globules they formed, together with the plastic serum likewise escaping from the vessels, the well-known exudation masses. If in this stage a subcutaneous injection of quinia were made, the white blood-globules within the vessels became diminished in quantity, changed in appearance, and ceased to pass through the walls of the vessels; the whole process of inflammation was arrested. Similar experiments, varied in many ways, had always, in the main, the result of either preventing the occurrence of inflammation, if quinia was introduced early enough, or of arresting inflammation, if it had been already set up before the injection of quinia was made.

Some experiments were devoted merely to the demonstration of the poisonous action of quinia on the white blood-globules in the living body; and this was clearly established by the local application of quinia on portions of the inflamed mesentery containing the exudated white globules (pus-corpuses); their movements were rapidly arrested, they became round and coarsely granular, and were later transformed into shapeless heaps of granules.

A third portion of Dr. Binz's treatise contains clinical deductions, which forms one of the most interesting and suggestive contributions which we have received for many years.—*Lancet*, March 28th, 1868.

*The Treatment of Bubo.*—Authors often talk of the treatment of bubo without specifying the kind they mean: the simply inflammatory; the scrofulous; the bubo from absorption of soft chancre; the accidental inflammation and suppuration of the inguinal glands connected with hard chancre; the occasional enlargement of lymphatic glands in secondary syphilis, when the hard chancre has been long healed, and the first outburst of secondary symptoms has subsided. In the absence of such specification, the line of treatment

advised can hardly be conscientiously tried. Even the eminent syphilographer, Diday, in his *Gas. Méd.* of Lyons, quotes M. Danieli, who in an Italian journal, recommends when the bubo fluctuates (what kind of bubo !), a small opening, the evacuation of the matter, and the injection of a solution of sulphate of copper (one part of the salt to a hundred of water). The bubo is to be well kneaded, and the injection to be repeated after twenty-four hours. In a week all is well.

Let this be tried by all means. But will a *dangerous* bubo heal in a week simply by coming in contact with a solution of sulphate of copper? Does an actual chancre heal in so short a time with *any* solution? Occlusion will, perhaps, do something. But kneading will cause inflammation, and inflammation does not subside in a week, even with simple hydrocele, treated by injections of iodine. And what about burrowing? A good free incision holds out, after all, the best hopes, when the subsequent dressings are appropriate, and the patient's general health tolerable.—*Lancet*, March 14, 1868.

*Mechanical Obstruction of Bowels by a Wooden Plug.*—Mr. R. JEFFREYS records (*Lancet*, March 14, 1868) an extraordinary case of this. The subject of it was a man 49 years of age, who was suffering from a hard tumour the size of a small orange in the left iliac region with pain. Suspecting the tumour might be composed of scybala, he ordered a purgative which acted freely. The tumour however remained, and on questioning the patient more closely he confessed that to check an attack of diarrhoea he had, by the advice of a companion, plugged eight days ago his rectum. Mr. J. then having well oiled his forefinger, introduced it into the patient's rectum, but he did not until it was passed its whole length feel anything like a foreign body. "I at last," he says, "caught, however, in the hollow of the sacrum with the edge of my nail what I took to be an edge of a nail. I said: 'There is a nail here.' 'Yes,' answered the sufferer; 'I drove a nail into one end of the plug so as to be better able to pull it out!' By dint of a little manipulation I managed to hook down this nail, and then, using my finger and thumb, drew out the formidable affair. The length of the 'plug' from the head of the nail was

7 inches—i. e., 5 in. of wood and 2 in. of nail. The circumference measured 5 in. in the middle, and  $4\frac{1}{2}$  in. at each end. The nail belongs to the class 'tenpenny,' and would measure before its insertion into the wood  $3\frac{1}{2}$  inches."

The patient obtained relief so soon as the plug was removed, and speedy got well.

*Odontomes.*—M. Broca, the distinguished surgeon and physiologist, has just elucidated the pathology of the follicles of the teeth, the normal evolution of which had already been described in works on histology. M. Broca does not think that the deviations from this normal evolution give rise to peculiar products, but only to tumours made up of the general hypertrophy of the dental substance. These tumours, to which the author gives the name of "odontomes," present two forms: some always remain in the state of more or less soft tumours; whilst others, either wholly or in part, assume the hardness of teeth, producing shapeless, irregular dental masses, sometimes growing to a very large size. In fact, any tumour formed from one or more of the substances entering into the formation of a tooth, is due to the identification of a soft tumour of the same form and volume which originally contained only hypertrophied odontogenic tissues. This hypertrophied tumour stands in the same connection with regard to the identified tumour, as the normal dental bulb does to the healthy tooth.—*Lancet*, March 14, 1868.

*Uric Acid Deposits.*—The question of the origin of uric acid deposits has been so long involved in obscurity that we hasten to lay before our readers a short sketch of a theory recently propounded, and which we think in entire accordance with the facts of practice and the conditions of theory. In a paper which was laid before the Royal Academy of Munich, Herr FRANZ HOFMANN has given an explanation of the deposition of uric acid which is at once reasonable and simple. The urine, he says, may acquire a deposit of uric acid or urates on cooling, and this is said to be due either to the cooling of the secretion below the temperature of the body, or because of the presence of an excess of the uric acid. The first cause must be very rare, because the deposit does not appear till some time after the change of temperature, and because reheating does

not dissolve it. The second cause he states is never present. The quantity of uric acid formed by a healthy man ranges in the day from 4 decigrammes to 2 grammes, and it never exceeds this. He has collected the urine of arthritic patients, and, seeing it full of deposit, expected to find a large proportion of uric acid, and yet a quantitative analysis proved that the quantity present was almost too small for estimation. Uric acid cannot be excreted as such by the kidneys, for it is insoluble in the urine, and in freshly voided urine it exists only in the form of urates. Scherer long ago expressed the belief that the uric acid was set free from its combinations by the action of lactic acid, which he thought was abundantly present in the fluids of the body. But Pettenkofer sought for this substance in vain, and in its stead found creatinine. Again, Baron Liebig, in his famous memoir, asserts that lactic acid is absent from urine, and demonstrates that the acid reaction of the secretion is due to the presence of acid phosphates. Herr HOFMANN has observed that in neutralizing urine less and less alkali is required according as the time since voiding increases. He is therefore led to the interesting conclusion that the uric acid deposited is owing to the decomposition of the urates by the acid phosphate of soda; and he alleges that if equal quantities of solutions of these two salts be added together it will be found that uric acid will be set free by decomposition of the urate, and the liquid from having been acid will become alkaline. Under ordinary circumstances, then, the deposition of uric acid takes place subsequent to the expulsion of the urine; but should the acid phosphates of soda be in excess, the uric acid may then be precipitated before the secretion is voided, and may thus give rise to gravel and calculi. This may also occur through too great concentration of urine. The first cause operates when an excessively albuminous diet containing phosphorus is employed; the second may be brought about by violent exercise, catarrhal affections, and the diaphoresis which succeeds the inflammatory state.—*Med. Times and Gaz.*, March 28, 1868.

*Synthesis of Organic Bodies.*—Two important and interesting discoveries in chemical synthesis of organic bodies have been recently announced to the Chemical Society.

One is the formation of urea from ammonia and carbonic acid by the action of heat. The other is the formation of sodic oxalate from its elements. In this case, carbon is first combined with oxygen by direct combustion, and the carbonic anhydride thus formed then made to unite with sodium disseminated through sand and heated—one molecule of sodium uniting with two molecules of carbonic anhydride, and producing one of sodic oxalate.—*British Med. Journ.*, March 28, 1868.

*Experimental Physiology in France.*—M. CLAUDE BERNARD, in his eloquent "Report on the Progress of General Physiology in France" during the last quarter of a century, urges upon the authorities the giving greater facilities for the study of experimental physiology, which, in fact, is the only physiology of the future. He shows that while France may be said to have originated this branch of study under Magendie, she is now surpassed in its pursuit by the German *savants*, not from any want of the "physiological genius" requisite for its successful cultivation, but from the absence of the necessary material means.

"By its importance physiology," he says, "well deserves that interest and protection should be accorded to it, for it certainly is destined to become the science of most utility to mankind, as furnishing the scientific basis in agriculture, hygiene, medicine, etc. Physiological science is necessarily a very difficult science, exacting very complex modes of study. It requires not only similar or analogous instruments to those employed by the chemist and the physicist, but has to resort to dissections and vivisections, and needs laboratories suitable for researches on living beings. France has had the glory of giving birth to the men who have most powerfully contributed to the foundation of modern physiology, and to impel it on the brilliant career it is now pursuing. Nevertheless, it is not with us that the teaching and culture of physiology have assumed their highest development. The best conditions of its progress must be looked for elsewhere. Abroad there have long existed numerous special laboratories, well supported and provided with every necessary means of study. There investigations are multiplied, scientific evolution proceeding with a sure

and rapid stride. In fact, mere ideas do not suffice in experimental science, and for their due development means of working and numerous labourers are essential."

The progress of the development of physiology, he goes on to observe, has not only been retarded by these material obstacles, but by others of scientific character. Its independent existence as a science has been tardily acknowledged, and is not even now generally admitted, so that it has been too often regarded as a mere dependence on human or comparative anatomy or a branch of general physics and chemistry. To this day "its name remains uninscribed on any of the sections of the Academy of Sciences, and its teaching has been neglected and regarded as a kind of superstition." Surely the time has arrived when it must be regarded even in France as a distinct science, having its own special problems and requiring its special means of study and instruction. The material obstacles which experimental physiology meets with in France are only the natural consequence of the slight scientific importance that has been accorded to it. As a proof of how the discouragement which has so long prevailed has prevented men of superior minds entering on the pursuit of physiological science, M. Bernard relates the following interesting anecdote:—

"It is now about forty years that a young physiologist arrived in Paris. In spite of his youth, he had already become known by researches in experimental physiology of the first order, and everything promised a brilliant future in the new direction of experimental physiology such as it had been conceived by Lavoisier and Laplace. But on considering the condition of the teaching of physiology as compared with that of the other sciences, and seeing how thankless a career, leading to no end, he was about to engage in, M. Dumas altered his mind and became a chemist. This was the only motive which determined him, as he has since often told me when I have asked him how he came to prefer chemistry to a science which he acquired distinction in at so early a period, and which he has always continued to like so much."

Reverting to his own personal recollections, M. Bernard recalls the times when Magendie was subjected to all kinds of difficulties and oppositions, and which he, as his assistant, had ample opportunity of

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observing. His own career did not commence in a very promising manner.

"When, some twenty-five years since, I entered upon the career of experimental physiology, I found myself subjected to all the annoyances which were the fate of experiments. All that time it required to be sustained by a true love for physiology, and to possess patience and courage, often very considerable, in order to keep one's position. As soon as an experimenting physiologist was discovered he was denounced, voted as abominable by his neighbours, and subjected to the pursuits of the police."—*Med. Times and Gaz.*, March 28, 1868.

*Intolerance.*—The report has reached us that through the instigation of M. le Sieur Dupanloup, one of the most talented, but at the same time one of the most intolerant of the French Bishops, a petition has been addressed by some zealots to the Imperial Senate praying for the interference of Government in order to prevent the propagation of so-called materialist doctrines—viz., the teaching of some of the lecturers of the Faculty of Medicine of Paris. The names of Professors Vulpius, Axenfeld, Robin, Béhier, G. Sée, and Broca, are said to be especially designated in this act of indictment inspired by the overwakeful and narrow spirit of religious intolerance. We need only mention the fact to show the oddity of the idea and folly of the attempt.—*Lancet*, March 28th, 1868.

It seems that the students in Paris have warmly espoused the cause of their professors. The Paris correspondent of the *Med. Times and Gaz.*, under date of April 1st, writes "the Professors marked out for reprobation by the clerical party were yesterday received with rounds of applause, by a densely crowded amphitheatre. The students eagerly seized so prominent an occasion to evince their sympathy for their eminent teachers."

*Lying-in Hospital.*—The profession is now pretty unanimous in its opinion as to the necessity of abolishing as much as possible the old system of lying-in hospitals. The public, too, are becoming alive to the advantages of encouraging attendance on the lying-in women amongst the poor at their own homes. At the 111th anniversary

of the Royal Maternity Charity, held at the London Tavern on Tuesday last, under the presidency of Sir John Lubbock, F. R. S., it was stated that the number of deliveries during the year 1867 was 3650, and the average mortality was only one in 750 labours—a very satisfactory result. Not only in a hygienic but in a financial point of view is the advantage greatly in favour of home attendance when this is practicable.—*Lancet*, March 28th, 1868.

*The Caprice of Fashion.*—The mutations of fashion in their influence upon health have frequently formed the subject of comment in our pages; but statements recently made in the *Builder* illustrate another effect of the instability of *la mode* in the paralysis of a branch of industry which it had once called into existence. In days not remote, it was the custom of our wives and daughters to protect the head by a covering more or less complete, and it was then that the straw-plait manufacture grew and flourished. But in the microscopic object which ladies are now pleased to call a bonnet (?), the quantity of material of any sort is reduced to such an infinitesimal amount that the straw-plait workers find their occupation gone. At Luton, it is said, there are upwards of five thousand women of all ages who are "three parts starving," and have mainly to be supported by the poor-rates, which have actually reached *twelve shillings in the pound*.—*Lancet*, Dec. 7, 1867.

*OBITUARY RECORD.*—Died, at Leeds, England, March 15th, 1868, aged 60, ROBERT GRAY MAYNE, M.D., LL.D., author of the learned work, entitled "Expository Lexicon."

The death of Professor PIROGOFF, the eminent surgeon, is, we regret to see, announced in one of our latest English Journals. It occurred under extraordinary circumstances. The Professor being at Odessa was called in consultation to a patient in a village near that city, and on his return was attacked by a gang of highwaymen. He killed two of them, while the others escaped, and he pursued his journey. On reaching his house he was seized with symptoms of cerebral congestion, and he soon afterwards expired.

**STILLE'S THERAPEUTICS.—Now Ready.**

**THERAPEUTICS AND MATERIA MEDICA**; a Systematic Treatise on the Actions and Uses of Medicinal Agents, including their description and History. By ALFRED STILLE, M. D., Professor of Theory and Practice of Medicine in the University of Pennsylvania, etc. Third edition, revised and enlarged. In two large and handsome octavo volumes, containing about 1700 pages; extra cloth, \$10; leather, \$12.

The appearance of these volumes has been delayed by the engagements of the author, and by the numerous alterations and additions which have been necessary in order that the work should adequately represent the most advanced condition of its important and extended subject. It is therefore at length presented as in every way worthy a continuance of the very remarkable favor which has exhausted two large editions within a comparatively short period. Notwithstanding a considerable increase of size, and improvement in the mechanical execution, the price has been maintained at the former very moderate rate.

A few notices of the previous impressions will show the estimation in which it is held by the leading organs of medical opinion in both hemispheres.

We have placed first on the list Dr. Stille's great work on Therapeutics.—*Edinb. Med. Journal*, 1865.

Dr. Stille's splendid work on Therapeutics and Materia Medica.—*London Med. Times and Gaz.*, April 8, 1865.

He makes use of all these materials with a skill and discrimination which must give his work a classical position among the text-books prepared for American students. . . . Being under the necessity of criticizing it, as though it were a French treatise on Therapeutics, our highest expression of praise is to record our regret that it is not among the manuals used in our own schools. . . . Notwithstanding these little criticisms, which are rather matters of praise in an elementary work, Dr. Stille's book deserves to be classed among the best and most practical treatises on Therapeutics.—*Translated from the Archives Générales de Médecine*, Juin, 1860.

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